



15124 Princewood Ln.
Land O'Lakes, FL 34638
Phone: (813) 996-7676
Fax: (813) 996-7493
Email: frankly@tampabay.rr.com

April 17, 2007

Commissioner for Patents
P.O. BOX 1450
Alexandria, VA 22313-1450

Application NO: 10/660,018
Art Unit: 3752

Subject: INCORRECT ADDRESS

The Change of Correspondence Address form filed on 10/7/04 (copy attached and copy of Auto-Reply Facsimile Transmission attached) was incorrectly applied in your data base.

The address being used is : 15124 Princewood Ln

The correct address is: 15124 Princewood Ln

Please make this correction.

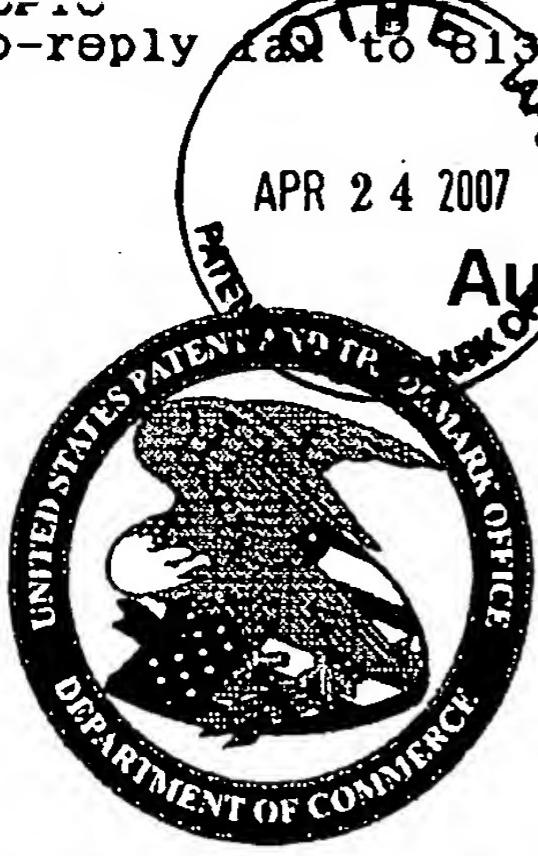
Thank you.

Yours very truly,

Frank S. Schroeder

APR 24 2007

Auto-Reply Facsimile Transmission



TO: Fax Sender at 813 996 7493

Fax Information

Date Received:

10/7/2004 3:32:21 PM [Eastern Daylight Time]

Total Pages:

1 (including cover page)

ADVISORY: This is an automatically generated return receipt confirmation of the facsimile transmission received by the Office. Please check to make sure that the number of pages listed as received in Total Pages above matches what was intended to be sent. Applicants are advised to retain this receipt in the unlikely event that proof of this facsimile transmission is necessary. Applicants are also advised to use the certificate of facsimile transmission procedures set forth in 37 CFR 1.8(a) and (b), 37 CFR 1.6(f). Trademark Applicants, also see the Trademark Manual of Examining Procedure (TMEP) section 306 et seq.

Received
Cover
Page
=====>

Oct 07 04 03:32p		Frank Schroeder	813 996 7493	P.1												
PTO/SB/122 R0 04																
Approved for use through 07/01/2008 GMB #151 0332																
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE																
CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/660,018</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">09/10/2003</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">FRANK STEPHEN SCHROEDER</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">3752</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;"></td> </tr> </table>					Application Number	10/660,018	Filing Date	09/10/2003	First Named Inventor	FRANK STEPHEN SCHROEDER	Art Unit	3752	Examiner Name		Attorney Docket Number	
Application Number	10/660,018															
Filing Date	09/10/2003															
First Named Inventor	FRANK STEPHEN SCHROEDER															
Art Unit	3752															
Examiner Name																
Attorney Docket Number																
<p>Please change the Correspondence Address for the above-identified patent application to:</p> <p><input type="checkbox"/> The address associated with Customer Number: _____</p> <p>OR</p> <p><input checked="" type="checkbox"/> Firm or Individual Name: FRANK STEPHEN SCHROEDER</p> <p>Address: 15124 PRINCEWOOD LN</p> <p>City: LAND O LAKES State: FL Zip: 34638</p> <p>Country: USA</p> <p>Telephone: 813-996-7676 Fax: 813-996-7493</p> <p>This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).</p> <p>I am the:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 1.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input type="checkbox"/> Attorney or agent of record. Registration Number: _____</p> <p><input type="checkbox"/> Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number: _____</p> <p>Signature: <i>Frank Stephen Schroeder</i></p> <p>Typed or Printed Name: FRANK STEPHEN SCHROEDER</p> <p>Date: 10-7-04 Telephone: 813 996 7676</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives(s) are required. Inventors and assignees of record that are corporations or legal entities, see below.</p> <p><input checked="" type="checkbox"/> I, and my co-inventors, declare that we are authorized.</p> <p>The collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to be had by the USPTO in processing an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application forms to the USPTO. This will vary depending upon the individual case. Any comments or suggestions concerning this burden estimate or any other aspect of the collection may be directed to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. FAX TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>If you need assistance in completing the form, call 1-800-PTO-8788 and select option 2.</p>																

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Application Number	10/660,018
Filing Date	09/10/2003
First Named Inventor	FRANK Stephen Schroeder
Art Unit	3752
Examiner Name	
Attorney Docket Number	

Please change the Correspondence Address for the above-identified patent application to:

The address associated with
Customer Number:

OR

Firm or
Individual Name *FRANK Stephen Schroeder*

Address *15124 PRINCEWOOD LN*

City <i>LAND O LAKES</i>	State <i>FL</i>	Zip <i>34638</i>
--------------------------	-----------------	------------------

Country *USA*

Telephone <i>813-996-7676</i>	Fax <i>813-996-7493</i>
-------------------------------	-------------------------

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or agent of record. Registration Number _____
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

FRANK Stephen Schroeder

Date *10-7-04*

Telephone *813 996 7676*

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of *1* forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.